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T-400 P.006/015 F-768

PTO/SB/22 (09-08)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENTION OF TIME UNDER 37 CFR 1.136(a) FY2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) EMC-04-010																									
Application No.: 10/812,490		Filed: 3/30/04																									
For: Method and System for Providing Redundant Power to a Disk Drive System		Customer No.: 24227																									
Art Unit: 2115		Examiner: Ji H. Bae																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:15%; text-align: center;"><u>Fee</u></th> <th style="width:15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width:30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR .17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td>\$ <u>450.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>05-0889</u>. I have enclosed a duplicate copy of this sheet.</p> <p>Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p style="margin-left: 100px;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>38,573</u></p> <p style="margin-left: 100px;"><input type="checkbox"/> Attorney or agent under 37 CFR 1.34.</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"><u><i>Scott A. Ouellette</i></u> Signature</p> <p style="text-align: center;">_____ Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;"><u>1/19/07</u> Date</p> <p style="text-align: center;">_____ Telephone Number</p> </div> </div>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR .17(a)(2))	\$450	\$225	\$ <u>450.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																											

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PAGE 6/15 * RCVD AT 1/19/2007 5:29:11 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-5/13 * DNIS:2738300 * CSID:5084976915 * DURATION (mm-ss):02-36

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☐ Applicant claims small entity status. See 37 CFR 1.27.

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I am the ☐ Applicant/inventor.

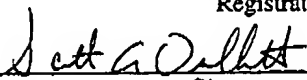
☐ Assignee of record of the entire interest. See 37 CFR 3.71.

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☒ Attorney or agent of record. Registration Number 38,573

☐ Attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____


 Signature

1/19/07
 Date

Scott A. Ouellette
 Typed or printed name

508-293-7835
 Telephone Number

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